

DATA DRIVEN DECISION MAKING

NASC Sentencing & Corrections Toolbox Session

Pennsylvania Department of Corrections
Pennsylvania Board of Probation & Parole
August 8, 2006

Introduction

- Thirty years after Martinson's controversial work which many interpreted as proving that "nothing works" in rehabilitating offenders, we now know the question is not "Does anything work?" but "What Works for Whom and under What Circumstances?"

Principles of Effective Correctional Intervention – What They Are

- Findings from hundreds of studies and meta-analyses of criminal justice interventions indicate that good programs – those that reduce recidivism – have common features.
- These common features can be summarized as “Principles of Effective Correctional Intervention”.

Principles of Effective Correctional Intervention – Why They Are Important

- These principles are important because they provide a rational blueprint for prison-based treatment; if one had to create a treatment system from scratch, these principles would provide us with a guide.
- These principles also move us beyond what we “feel” is (or should be) effective in correctional treatment to what is supported by scientific evidence.
- Evidence-based practice supports our claim that we are doing our best to promote public safety by better preparing offenders to reenter society and reducing recidivism.

Principles of Effective Correctional Intervention – Why They Are Important

- The process of evidence-based treatment is certainly not perfect, there is still much to be learned about how best to deliver treatment.
- Programs that follow these principles, however, have a better chance of succeeding than those that do not.
- Correctional treatment policy will always be driven by a mix of forces, which is the nature of our political system, but it is our duty to ensure that objective evidence is part of this mix.

Principles of Effective Correctional Intervention - Overview

- The following is a list of the principles of effective correctional intervention, organized into ten categories.
- Different sources and authors may break these up differently – some may expand them into more categories while others may collapse them into fewer – but they are generally driving at the same thing.
- Some principles are more easily achievable than others; resources may sometimes constrain an agency from fully implementing some principles.

Principles of Effective Intervention

- Target Criminogenic Need
- Conduct Thorough Assessment of Risk and Need, Target Programs to High Risk Offenders
- Base Design on Proven Theoretical Model
- Use a Cognitive Behavioral Approach
- Disrupt the Delinquency Network
- Provide Intensive Services
- Conform to Responsivity Principle
- Include Relapse Prevention Component
- Integrate with Community Based Services
- Reinforce Integrity of Services

WHAT IS OFFENDER ASSESSMENT?

The systematic collection, analysis and utilization of objective information about an offender's levels of **risk** and **need**.

- **Risk:** the probability that an offender will commit additional offenses after release from incarceration.
- **Need:** the specific problems or issues (such as anti social attitudes) that contribute to an offender's criminally deviant behavior. Needs are by definition dynamic (changeable), and can be targeted by treatment programs.

Examples of Criminogenic Needs:

- Anti-social attitudes, beliefs, values:
 - ◆ Rationalization – “everybody does it, so what’s the problem”, “she was asking for it”, “I have the right to do what I want”.
 - ◆ Minimization – “nobody got hurt, so it’s OK”, “they got insurance”.
 - ◆ Denial of responsibility – “I was framed”, “I’ve already been punished enough”.
 - ◆ Inflated self-esteem – “no way I’m working at Mickey D’s”.
 - ◆ Hostility – “this guy in line was looking at me funny, so I had to pop him”.
- Criminal thinking – “I’m too smart to get caught”.
- Anti-social associates – “well, you see, my buddy knew this guy...”
- Poor decision making/problem solving skills – “I needed money to send my kid to private school, so I sold drugs (I’m a good mother, though)”.
- Low levels of educational/vocational achievement.
- Poor self-control/self-regulation – “I got frustrated with my PO, so I said to hell with it, I don’t care about nothin’ any more
- Substance abuse.

WHY DO ASSESSMENT?

- A substantial body of research and evaluation studies clearly demonstrates that correctional treatment programs that conduct thorough, rigorous and objective assessments of offenders *and* that use this assessment information to inform treatment planning decisions have much better outcomes than programs that do not do such assessment.

WHY DO ASSESSMENT?

- Research also shows that objective, actuarial assessment tools are better than clinical judgment *alone* in making program placement decisions. These tools are meant to supplement and inform clinical judgment, though, not to replace it.
- See handout – **Clinical and Actuarial Assessment of Offenders.**

Principle 2: Why Assess?

- Assessment allows us to use our treatment resources (staff, money, time) in a more cost effective manner by targeting them where they will produce the best outcomes, rather than wasting them on offenders who will derive little benefit.

WHY DO ASSESSMENT?

- Objective assessment of risk and need adds an important element of *accuracy* and *precision* to our attempts to understand and program offenders.
 - ◆ Accuracy – hitting the bull's eye.
 - ◆ Precision – hitting the bull's eye consistently.
- Programming offenders without proper assessment is akin to a physician prescribing medicine without diagnosing the causes of an illness.

DOC ASSESSMENT PILOT PROJECT

- During the period September 2002 through February 2003, the DOC pilot tested a set of risk and needs assessment instruments at the following SCI's: Albion, Cambridge Springs, Chester, Graterford, Houtzdale, Huntingdon, Muncy and Quehanna Boot Camp.
- Data gathered through this pilot has been analyzed, with assistance from outside experts. This has informed the development of a comprehensive inmate assessment system.

DOC ASSESSMENT PILOT PROJECT

- The DOC's inmate assessment system was administered to all new court commitments at SCI's Camp Hill and Muncy beginning in the summer of 2003.
- Staff from those SCI's were trained on the assessment tools described below by external assessment experts (with support from the National Institute of Corrections) during the Spring and Summer of 2003.

RISK ASSESSMENT

- Level of Service Inventory-Revised (LSI-R).

The LSI-R can be thought of as something like a medical triage decision making tool – it provides insight into which offenders should receive the highest priority for treatment, regardless of their specific problem areas.

RISK ASSESSMENT – LSI-R

- LSI-R can be used on male and female offenders of any offense type, in prison/jail or community-based settings (e.g. parole). Offenders under age of 16-17 should probably be scored on the Youth Level of Service/Case Management Inventory (YLS/CMI).
- Scores on the LSI-R range from theoretical minimums of zero to a maximum of 54. Few cases of zero, or more than 50, are documented.
- The 54 items are grouped into ten domains that represent key criminogenic risk factors.

RISK ASSESSMENT – LSI-R DOMAINS

(number of items in each domain in parentheses)

- Criminal History (10)
- Education/Employment (10)
- Financial (2)
- Family/Marital (4)
- Accommodation (3)
- Leisure/Recreation (2)
- Companions (5)
- Alcohol/Drug Problems (9)
- Emotional/Personal (5)
- Attitudes/Orientation (4)

RISK ASSESSMENT

- An important note on risk:

By “risk”, we simply mean the statistical probability of reoffending. This does not necessarily equate with popular or political conceptions of “dangerousness”. A petty thief may be very high risk (i.e. will continue to offend without treatment) but may not be thought of as dangerous. Not all sex offenders are likely to reoffend sexually, but they are usually feared by the public. Risk here is a scientific statement, not an emotional one.

LSI-R AND THE RISK PRINCIPLE

- The LSI-R provides a concrete measure of the *risk principle*, which states that higher risk offenders will likely reoffend if not treated, and that low risk offenders are not likely to reoffend even without treatment.
- Treatment (especially intensive) should be reserved for higher risk offenders - treatment can make a difference for them.
- Lower risk offenders should receive minimal, if any, intervention - treatment may be wasted on them.
- The risk principle is extremely well supported in the research literature.

LSI-R AND THE RISK PRINCIPLE

- Research also indicates that providing high intensity treatment to low risk offenders **may increase** their risk level, by extensively exposing them to higher risk offenders who may “contaminate” them with anti-social attitudes, thinking and behavior.

LSI AND THE RISK PRINCIPLE

Risk Level and Treatment Outcomes (% Recidivism)

Study	Risk Level	Level of Treatment	
		Minimal	Intensive
O'Donnell et al (1971)	Low	16%	22%
	High	78%	56%
Baird et al (1979)	Low	3%	10%
	High	37%	18%
Andrews & Kiessling (1980)	Low	12%	17%
	High	58%	31%
Bonta et al (2000)	Low	15%	32%
	High	51%	32%

D.A. Andrews and James Bonta. 2003. *The Psychology of Criminal Conduct* (3rd ed.). Cincinnati: Anderson Publishing. p. 260.

LSI-R AND THE RISK PRINCIPLE

- Some research also suggests that the **very highest risk offenders** do not benefit from treatment either – i.e. they may be beyond help.
- The highest risk (psychopathic?) offenders may actually use treatment groups to learn and practice new skills of manipulation and deception, thus worsening their anti-social tendencies. They can also undermine the dynamics and goals of treatment groups.

LSI-R AND RISK LEVELS

- The DOC analyzed data on nearly 1,000 cases; the lowest score was 2, the highest was 47, the average was 24.
- LSI-R scores can be fitted to various nominal risk levels. The publishers of the LSI-R provide five levels of risk.
- The published levels of risk are most clear with respect to male offenders; the data is unfortunately less clear for females.

LSI-R Published Norms (956 Canadian male inmates)	
Score Range	Level of Risk of Recidivating (reincarceration one year after release)
41 to 47 and above	High Risk (c. 76.0% chance of recidivating)
34 to 40	Medium/High Risk (c. 57.3% chance of recidivating)
24 to 33	Moderate Risk (c. 48.1% chance of recidivating)
14 to 23	Low/Moderate Risk (c. 31.1% chance of recidivating)
0 to 13	Low Risk (c. 11.7% chance of recidivating)

Source: D.A. Andrews and James L. Bonta. 2001. *LSI-R User's Manual*. New York: MHS.

LSI-R AND RISK LEVELS

- The DOC and the PBPP have agreed to use a common set of risk level cut-off scores (the PBPP uses the LSI-R on all parolees).

LSI-R AND RISK LEVELS

- Based upon our discussions with the PBPP and upon our respective data analyses, the **DOC and PBPP use the following three-level risk interpretation:**
 - ◆ High Risk: 29 and above
 - ◆ Medium Risk: 21 – 28
 - ◆ Low Risk: 20 and below

NEEDS ASSESSMENT INSTRUMENTS

Criminality Assessment:

- Criminal Sentiments Scale-Modified (CSS-M).

Anger/Hostility Assessment

- Hostile Interpretations Questionnaire (HIQ).

NEEDS ASSESSMENT INSTRUMENTS

- These self-administered instruments can be used in combination with each other and with the LSI-R to produce a profile of the likelihood that an offender will fail upon release and of the specific problem areas that should be prioritized in treatment.
- These tools provide information about offenders' level of need for intervention in specific problem areas identified as being strongly related to re-offending (criminogenic needs).

NEEDS ASSESSMENT INSTRUMENTS

Criminality Assessment

The department analyzed data on nearly 5,000 inmates for the CSS-M (and for another tool called the Self Appraisal Questionnaire [SAQ], both of which were part of the DOC Assessment Pilot project and of the COR pilot test during 2002).

Anger/Hostility Assessment

The department analyzed data on over 1,000 inmates for the HIQ (and for another tool called the Novaco Anger Scale [NAS], both of which were part of the DOC Assessment Pilot project).

NEEDS ASSESSMENT INSTRUMENTS

- Based upon the results of the pilot test, the DOC selected the **CSS-M** and the **HIQ** to be administered to all new commitments.
- While all four needs assessments instruments proved to be valuable, the results of the pilot test suggested that the CSS-M and HIQ provide the best “bang for the buck” for the DOC.
- Both the CSS-M and HIQ were developed by Dr. David Simourd, who conducted the LSI-R training for DCC staff.
- The DOC has normed these tools on our own population.

CRIMINAL SENTIMENTS SCALE - MODIFIED (CSS-M)

- This tool includes 41 items/questions that measure attitudes, values and beliefs related to criminal behavior.
- The CSS-M contains five sub-scales measuring the following criminogenic needs:
 1. Attitudes Towards the Law – 10 items on law abiding behavior.
 2. Attitudes Towards the Courts – 8 items on court and their sentence.
 3. Attitudes Towards the Police – 7 items on law enforcement officers.
 4. Tolerance for Law Violations – 10 items on tendency to rationalize/excuse criminal behavior.
 5. Identification with Criminal Others – 6 items on affiliation & sympathy with other offenders.

CRIMINAL SENTIMENTS SCALE - MODIFIED (CSS-M)

- The CSS-M provides information that would be useful in decisions about assigning offenders to programs such as *Thinking for a Change* or other programs that target antisocial and pro-criminal attitudes.
- For example, an offender who scored high on the LSI-R (indicating great risk for failure) and who scored high on the CSS-M would be a good candidate for *Thinking for a Change*. Further, a high score on the sub-scale “Identification with Criminal Others” would suggest an area in need of special attention for the offender.

HOSTILE INTERPRETATIONS QUESTIONNAIRE (HIQ)

- Presents offenders with seven hypothetical vignettes that portray interpersonal interactions in social situations. Measures offenders' tendency to place hostile interpretations on common types of social situations and interactions.
- Asks offenders to indicate whether they think that the people represented in the vignette are behaving or thinking in a hostile manner and asks offenders how *they* might behave or think in a similar situation.

HOSTILE INTERPRETATIONS QUESTIONNAIRE (HIQ)

- HIQ contains four sub-scales measuring characteristics of hostility (7 items on each sub-scale):
 1. Attribution of Hostility – amount of hostility the individual attributes to people with whom they interact.
 2. External Blame - tendency to blame others for one's own hostility.
 3. Hostile Reaction – tendency to quickly offer a hostile or angry response where one may not be called for.
 4. Overgeneralization – tendency to perceive pervasive levels of hostility in a wide range of social situations.

HOSTILE INTERPRETATIONS QUESTIONNAIRE (HIQ)

- HIQ also contains five sub-scales on relationships and hostility:
 1. Acquaintance Relationships – tendency for hostility to result from interactions with acquaintances.
 2. Anonymous Relationships – tendency for hostility to result from interactions with strangers.
 3. Authority Relationships – tendency for hostility to result from interactions with authority figures.
 4. Intimate/Family Relationships – tendency for hostility to result from interactions with close friends or family.
 5. Work Relationships – tendency for hostility to result on the job.

HOSTILE INTERPRETATIONS QUESTIONNAIRE (HIQ)

- The HIQ provides information that would be useful in decisions about assigning offenders to programs such as *Violence Prevention*, *Anger Management*, *Thinking for a Change*, or other programs that target criminal hostility and antisocial attitudes.
- For example, an offender who scored high on the LSI-R (indicating great risk for failure) and who scored high on the HIQ would be a good candidate for *Violence Prevention*. A particularly high score on the sub-scales “Hostile Reaction” and “Authority Relationships” would suggest that the offender might need special attention on how to interact with police, Corrections Officers, Parole Agents, etc.

Sex Offender Assessment

- Adjusted Actuarial Approach
 - ◆ Static 99
 - ◆ Interview
 - ◆ Case File Review

Sex Offender Assessment

- STATIC 99

- ◆ 10 Factors

- ◆ Male Victims
 - ◆ Ever lived with non-contact sex victims
 - ◆ Stronger Victims
 - ◆ Prior Sex Offenses
 - ◆ Current Non-Sex Violence
 - ◆ Prior non-Sex Violence
 - ◆ 4 + Sentencing Dates
 - ◆ Age 18 – 24.99

Sex Offender Assessment

- Adjusted Approach – several factors to be considered.
- LSI-R score
- Attitude supportive of sexual offending
- Strong attraction/arousal related to children and/or violence
- Engaged in high degree of deviant sexual behavior
- Serious emotion management/impulsivity problems
- History of conflict-ridden intimate relationships
- Early onset sexual offending behavior

Sex Offender Assessment

- STATIC 99 translates into
 - ◆ Low
 - ◆ Low/Moderate
 - ◆ Low and low moderate adjusted upward in cases where deviant sexual behavior is present.
 - ◆ Low and low moderate adjusted upward when 4 or more of the other risk factors are present.
 - ◆ Moderate High
 - ◆ Refers to high intensity sex offender treatment

Sex Offender Treatment – Medlin Model “Responsible Living: A Sex Offender Treatment Program”.

- ◆ High – receives all 7 treatment phases
 - ◆ Responsibility Taking
 - ◆ Behavioral Techniques
 - ◆ Emotional Well Being
 - ◆ Victim Empathy
 - ◆ Anger Management
 - ◆ Sex Education
 - ◆ Relapse Prevention
 - ◆ @ 27 months to complete (One 2 hour session weekly)
- Low Level
 - ◆ Responsibility Taking
 - ◆ Sex Education
 - ◆ Relapse Prevention
 - ◆ 9 months to complete (One 2 hour session weekly).

Assessment Guidelines

ASSESSMENT SCORES	RECOMMENDED TX PROGRAMS
LOW SCORES FOR ALL ASSESSMENTS	COMMUNITY BASED TREATMENT (only if other indicators are present)
Low LSI-R With	
MED – HIGH HIQ & CSS-M	Community Based Treatment; Consider Thinking for a change based on Institutional Adjustment (Cognitive Based AOD Programs Replace T4C), Consider Batterers Intervention or Violence Prevention Based on Offenses
Low HIQ and MED – HIGH CSS-M	Community Based Treatment; Consider Thinking for a Change Based on Institutional Adjustment (Cognitive Based AOD Programs Replace T4C)
MED-HIGH HIQ & LOW CSS-M	Community Based Treatment; Consider Batterers Intervention or Violence Prevention Based on Offenses
LOW TCU (0-2)	No AOD TX, Unless Other Indicators are Present
MEDIUM TCU (3-5)	Consider OP Program
HIGH TCU (6-9)	Consider OP Program or Community Based Treatment

Assessment Guidelines

ASSESSMENT SCORES	RECOMMENDED TX PROGRAMS
LOW SCORES FOR ALL ASSESSMENTS	COMMUNITY BASED TREATMENT (only if other indicators are present)
MED-HIGH LSI-R WITH	
LOW HIQ & CSS-M	Peer Coordinated Cognitive Behavioral Program
MED-HIGH HIQ & CSSM-M	Peer Coordinated Cognitive Behavioral Program, Thinking for a Change (Cognitive Based AOD Replaces T4C), Violence Prevention, Batterers Intervention Based on Offenses.
LOW HIQ & MED-HIGH CSS-M	Peer Coordinated Cognitive Behavioral Program, Thinking for a Change (Cognitive Based AOD Replaces T4C)
MED-HIGH HIQ & LOW CSS-M	Peer Coordinated Cognitive Behavioral Program, Violence Prevention, Batterers Intervention Based on Offenses
LOW TCU (0-2)	No AOD Programs Absent other TX Indicators
MED TCU (3-5)	OP, Consider for TC, But a Low Priority
HIGH TCU (6-9)	TC

PROFILES OF RISK AND NEED: Case 2

- 50 year old white male
- LSI-R Score: 7
- Instant Offense: IDSI (molesting young female relative)
- Criminal History: none
- Work History: 9 years with same company at time of arrest
- Education: HS graduate
- Substance Abuse: none (TCU score 0)
- Mental Health: no impairment
- Supervision and Program Compliance: good so far

PROFILES OF RISK AND NEED: Case 2

- Where do his needs lie?
- Inmate's version of offense (emphasis added):
 - ◆ It all started in 1997 when (the victim) came into our house to live. She was 12 for a short time she became very loving and became very close. She would follow me around when I was home, and went wherever I did....Then one night she came outside in a long tee shirt with no underwear. She said she forgot them when she took a shower...I found this out after she jumped on my back and my hand was on her bottom. She said she didn't care and it felt good....one thing lead to another and before long we had intercourse.
 - ◆ Inmate Accepts Responsibility for Crime?: No

PROFILES OF RISK AND NEED: Case 2

- Where do his needs lie?
- Criminal Attitudes:
 - ◆ Blameshifting
 - ◆ Justification
 - ◆ Minimization
 - ◆ Denial of responsibility
- In spite of reprehensible nature of offense, risk profile suggests he is unlikely to reoffend (Static-99 is zero, Low Risk for sexual reoffending).
- Treatment (if any) should focus on attitudes about appropriate sexual relationships, decision making in response to sexual triggers and cognitive distortions about responsibility for his actions.

Parole Decision Making Guidelines

- Violent/Non-Violent (Current Offense)
- Risk (Maximum, Medium, Minimum) – LSI-R (All) And Static 99 (SO Cases)
- Institutional Programming
- Institutional Conduct
- Other Information
 - ◆ Interview, Victim Impact, Offender Background, Etc.

Supervision Assessment Instruments

■ LSI-R

- ◆ Validated On PBPP Population Re: Risk Of Re-offending

■ Uses

- ◆ Determines Initial Field Supervision Level (Maximum, Medium or Minimum) And Contact Requirements
- ◆ Identifies Treatment Needs Of Offenders

Supervision Level Contact Requirements

<u>Level of Supervision</u>	<u>Contact Requirement</u>	<u>Conditions</u>
<u>Enhanced</u>	4 Face to Face Contacts per Month	One of which may be in the office and one of which must be at the approved residence. These face to face contacts must be proportionately spaced throughout the month so that they do not all occur during the same week.
	2 Collateral Contacts per Month	One must be face-to-face.
<u>Maximum</u>	6 Face to Face Contacts per Quarter	No more than three of which may be office contacts, two must be at the approved residence and, at least one face to face contact each calendar month.
	2 Collateral Contacts per Month	One must be face-to-face.
<u>Medium</u>	3 Face to Face Contacts per Quarter	One of which may be an office contact, one must be at the approved residence and no more than one month lapsing without a face to face offender contact.
	3 Collateral Contacts per Quarter	One must be face-to face, with no more than one month lapsing without a collateral contact.
<u>Minimum</u>	1 Face to Face Contact per Quarter	At least every other face-to-face contact must be at the approved residence.
	1 Face to Face Collateral Contact per Quarter	This collateral contact is not to occur during the same month as the face-to-face offender contact.
<u>Special Circumstance</u>	1 Face to Face Contact per Six Months	At least every other face-to-face contact must be at the approved residence.
	1 Face to Face Collateral Contact per Six Months	This collateral contact is not to occur during the same quarter as the face-to-face offender contact.

Level of Service Inventory-Revised (Continued)

- Basis For Initial And Future Supervision Plans
- Plans Reviewed Every 6 Months To Measure Progress.
- Annual Reassessment (LSI-R) For All Offenders.

PBPP Supervision Plan

Form PBPP-22R (Rev. 4/06)

**COMMONWEALTH OF PENNSYLVANIA
BOARD OF PROBATION AND PAROLE**



SUPERVISION PLAN/REPORT

Offender Name:
Parole Number:

Supervision Status:

Special Characteristics

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sex Offender | <input type="checkbox"/> Commutation |
| <input type="checkbox"/> Violent Current Offense | <input type="checkbox"/> Violent Past Offense | <input type="checkbox"/> Other |

LSIR Details

Special Attention Areas	Details	Semi-Annual Progress		
		+	-	O
	Criminal History: To not engage in activities that can lead to criminal behavior			
	Education and Employment: To be gainfully employed			
	Financial: To make regular payments on all financial obligations			
	Family/Marital: To maintain positive family/marital relationships			
	Accommodations/Residence: To maintain an approved safe and secure residence			
X	Leisure/Recreation: To engage in positive recreational activities and interests			
	Companions: To seek and maintain relationships with law-abiding people			
X	Alcohol/Drug: To refrain from using alcohol and/or illegal drugs			
	Emotional/Personal: To work toward healthy emotional stability			
	Attitude/Orientation: To demonstrate law-abiding values and thinking			

+ Improvement Shown | - Has shown regression in this area | O No Change

Previous

Submitted: May 3, 2006

Assessment:	Initial	Score:	13	Grade:	MIN	
Contact:	Total Field:	0	Total Office:	0	Total Collateral:	0
Urinalysis:	Total:	0	Total Positive:	0	FC&R:	
Comments:	LSIR input completed. ISR will follow after home contact.					

Sex Offender Assessment

- Static-99
- All Sex Offenders
 - ◆ (Past And Present Offenses)
 - ◆ Used In Conjunction With LSI-R
- Sex Offender Protocol
 - ◆ Contact Requirements, Housing, Employment, Registration Requirements, Special Conditions, Use Of Polygraph And Treatment Needs.

Offender Management

Violation Sanctioning Grid

			Sanction Progression																																						
	Code	Violation	1st Violation	2nd Violation	3rd Violation																																				
Low Range	L01	Failure to Participate in Community Service	L	M	M		<table><tr><th>Code</th><th>Low Sanction Range</th></tr><tr><td>WTWR</td><td>Written Warning</td></tr><tr><td>WTVR</td><td>Written Travel Restriction</td></tr><tr><td>DJBS</td><td>Documented Job Search</td></tr><tr><td>IRPT</td><td>Increased Reporting Requirements</td></tr><tr><td>CURF</td><td>Imposition of Curfew</td></tr><tr><td>LOTR</td><td>Other</td></tr></table>	Code	Low Sanction Range	WTWR	Written Warning	WTVR	Written Travel Restriction	DJBS	Documented Job Search	IRPT	Increased Reporting Requirements	CURF	Imposition of Curfew	LOTR	Other																				
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LOTR	Other																																								
L02	Positive Urinalysis/Use of Alcohol (No History)	L	M	H																																					
L03	Failure to Pay Supervision Fees	L	L	M																																					
L04	Failure to Pay Urinalysis Fees	L	L	M																																					
L05	Failure to Support Dependents	L	L	M																																					
L06	Failure to Pay Restitution and/or Other Court Ordered Fees	L	L	M																																					
L07	Changing Employment Without Agent Notification/Permission	L	L	M																																					
Medium Range	M01	Failure to Notify Agent of Changes of Status	L	M	M	<table><tr><th colspan="2">Decision Point</th></tr><tr><td>348I</td><td></td></tr><tr><td>348W</td><td></td></tr><tr><td>336</td><td></td></tr><tr><td>Con1</td><td></td></tr><tr><td>Con2</td><td></td></tr></table>	Decision Point		348I		348W		336		Con1		Con2		<table><tr><th>Code</th><th>Medium Sanction Range</th></tr><tr><td>IMAT</td><td>Imposition of Mandatory Antabuse Use</td></tr><tr><td>URIN</td><td>Imposition of Increased Urinalysis Testing</td></tr><tr><td>OPAT</td><td>Placement in Out-Patient D & A Treatment</td></tr><tr><td>DFSE</td><td>Deadline for Securing Employment</td></tr><tr><td>ICRF</td><td>Imposition of Increased Curfew</td></tr><tr><td>DRPT</td><td>Placement in a Day Reporting Center</td></tr><tr><td>EMOS</td><td>Imposition of Electronic Monitoring</td></tr><tr><td>PGPS</td><td>Imposition of Passive Global Positioning</td></tr><tr><td>AGPS</td><td>Imposition of Active Global Positioning</td></tr><tr><td>MOTR</td><td>Other</td></tr></table>	Code	Medium Sanction Range	IMAT	Imposition of Mandatory Antabuse Use	URIN	Imposition of Increased Urinalysis Testing	OPAT	Placement in Out-Patient D & A Treatment	DFSE	Deadline for Securing Employment	ICRF	Imposition of Increased Curfew	DRPT	Placement in a Day Reporting Center	EMOS	Imposition of Electronic Monitoring	PGPS	Imposition of Passive Global Positioning	AGPS	Imposition of Active Global Positioning	MOTR	Other
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	MOTR	Other																																							
	M02	Failure to Report as Instructed	L	M	H																																				
M03	Positive Urinalysis/Use of Drugs (No History)	L	M	H																																					
M04	Travel Violations	L	M	H																																					
M05	Possession of Unauthorized Contraband, Cell Phone or Beeper	L	M	H																																					
M06	Failure to Take Prescribed Medications as Prescribed by MD	L	M	M																																					
M07	Failure to Maintain Employment	L	M	H																																					
M08	Failure to Participate/Attend Treatment	L	M	H																																					
M09	Entering Prohibited Establishments	L	M	H																																					
M10	Associating with known Felons, Gangs, Co-Defendants, etc.	L	M	H																																					
M11	Failure to Abide by Written Instructions	M	M	H																																					
M12	Failure to Abide by Field Imposed Special Conditions	M	M	H																																					
M13	Conviction of Summary Offense (No Court Record)	M	M	H																																					
M14	Positive Urinalysis/Use of Alcohol (Previous History)	M	M	H																																					
M15	Violating Curfew/Approved Schedule	M	M	H																																					
M16	Electronic Monitoring Violation	M	H	H																																					
M17	Failure to Provide Urine	M	H	H																																					
M18	Failure to Complete Treatment	M	H	H																																					
M19	Failure to Notify Agent of Arrest w/in 72 hrs	M	H	H																																					
High Range	H01	Changing Residence without Permission	M	M	H		<table><tr><th>Code</th><th>High Sanction Range</th></tr><tr><td>IDOX</td><td>Placement in Drug and Alcohol Detox Facility</td></tr><tr><td>CPCP</td><td>Placement in CCC Half Way back</td></tr><tr><td>SAVE</td><td>Placement in SAVE</td></tr><tr><td>IPAT</td><td>Placement in In-Patient Drug and Alcohol Treatment</td></tr><tr><td>VCCF</td><td>Placement in Violation Center Contract Facility</td></tr><tr><td>VCCP</td><td>Placement in Violation Center County Prison</td></tr><tr><td>ARR2</td><td>Incarceration</td></tr><tr><td>HOTR</td><td>Other</td></tr></table>	Code	High Sanction Range	IDOX	Placement in Drug and Alcohol Detox Facility	CPCP	Placement in CCC Half Way back	SAVE	Placement in SAVE	IPAT	Placement in In-Patient Drug and Alcohol Treatment	VCCF	Placement in Violation Center Contract Facility	VCCP	Placement in Violation Center County Prison	ARR2	Incarceration	HOTR	Other																
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	H02	Associating with Crime Victims	M	H	H																																				
H03	Positive Urinalysis/Use of Drugs (Previous History)	M	H	H																																					
H04	Pending Criminal Charges (UCV Not Detained)	M	H	H																																					
H05	Failure to Abide by Board Imposed Special Conditions	M	H	H																																					
H06	Failure to Report Upon Release	M	N/A	N/A																																					
H07	Removal From Treatment/CCC Failure	H	H	H																																					
H08	Assaultive Behavior	H	H	H																																					
H09	Absconding	H	H	H																																					
H10	Possession of Offensive Weapons	H	H	H																																					
H11	Possession of Firearms	H	H	H																																					

Questions

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